

## **APPLICATION FOR INTERNSHIP**

NAME: \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL# \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

MAJOR: \_\_\_\_\_ CLASS: \_\_\_\_\_ GPA: \_\_\_\_\_

ADVISOR: \_\_\_\_\_ TEL# \_\_\_\_\_

EXTRA CURRICULAR  
ACTIVITIES: \_\_\_\_\_

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ORGANIZATION OR MEMBERSHIP AND OFFICES HELD: \_\_\_\_\_

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PAST EMPLOYMENT OR VOLUNTEER EXPERIENCES AND NATURE OF TASKS:

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BRIEF EXPLANATION OF WHY YOU WISH TO SERVE AS AN INTERN: \_\_\_\_\_

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PLEASE ATTACH ANY ADDITIONAL INFORMATION SUCH AS RESUMÉS OR BIOGRAPHIES  
THAT YOU FEEL WILL BE OF ASSISTANCE IN EVALUATING YOUR APPLICATION.

CONTACT: **Office of Senator John McCain**

**Attn: Rosemary Alexander**

**407 West Congress Street, Suite 103**

**Tucson, AZ 85701 ~ Tel: (520)-670-6334**